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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/775,805 02/05/2001 *allowed*
which is a CIP of 09/497,497 02/04/2000 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>		1	7	1

ADDRESS

23117
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TITLE

Human immunodeficiency virus vaccine

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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